Processing

UNITED STATES Section SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

AUG 13 2008

FORM D

Washington, DC 110

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

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OMB Number:							
	SEC US	E ONLY					
Prefix			Serial				
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	DATE RE	CEIVED	•				
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Name of Offering	(☐ check if this is an ame	endment and name	has changed, and i	ndicate change.)							
Limited partnership	interests of GovPlus Fund	d, L.P.									
Filing Under (Check b	ox(es) that apply):	☐ Rule 504	☐ Rule 505	□ Rule 506	Section 4(6)	ULOE					
Type of Filing:	New Filing										
	A. BASIC IDENTIFICATION DATA										
1. Enter the informa	Enter the information requested about the issuer										
Name of Issuer	check if this is an amer	ndment and name h	as changed, and in	dicate change.	HATAN BURKARIN DEN	E0403 					
GovPlus Fund, L.P.	(formerly know as Norcon	n Capital GovPlus	Fund, L.P.)		_ 080	58102					
Address of Executive	Offices		(Number and Stre	et, City, State, Zip Code		mber (Including Area Code)					
c/o NorCap Manage	ment, L.P., Two Lincoln Co	enter, 5420 LBJ Fr	eeway, Suite 525,	Dallas TX 75240	(972) 701-881	5					
Address of Principal (Offices		(Number and Stree	et, City, State, Zip Code) Telephone Nu	mber (Including Area Code)					
(if different from Exec	utive Offices)	_	_								
Brief Description of B	usiness: Private Inves	stment Company			*	PROCESSED					
Type of Business Org	anization					AUC 9.1 2000					
	corporation		artnership, already	formed [other (please sp	AUG 21 2008					
	business trust	limited p	partnership, to be fo	med	77	HOMSON REUTERS					
	<u> </u>	<u> </u>	Month	Year		HAMPAIA KEDIEKO					
Actual or Estimated D	ate of Incorporation or Orga	anization:	0 9	0	4 ⊠ Act	ual Estimated					
Jurisdiction of Incorpo	oration or Organization: (En	ter two-letter U.S. F	Postal Service Abbro	eviation for State;	_ 						
		CI	N for Canada; FN fo	or other foreign jurisdiction	on) <u>D</u>	<u> </u>					

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC I	DENTIFICATION DATA	Α							
Each promoter of the Each beneficial own Each executive office.	 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. 										
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Last name first,	if individual):	NorCap Managemer	nt, L.P.								
Business or Residence Add	ress (Number and	Street, City, State, Zip Co	de): Two Lincoln Cente	er, 5420 LBJ Free	oway, Suite 525, Dallas TX 75240						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	☐ Investment Manager						
Full Name (Last name first,	if individual):	Norcom, David R									
Business or Residence Add Suite 525, Dallas TX 75240		Street, City, State, Zip Co	de): c/o NorCap Manag	ement, L.P., Two	Lincoln Center, 5420 LBJ Freeway,						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		Director	General and/or Managing Partner						
Full Name (Last name first,	f individual):	Baggett, Carl Y.									
Business or Residence Add Suite 525, Dallas TX 75240	ress (Number and	Street, City, State, Zip Co	de): c/o NorCap Manag	ement, L.P., Two	Lincoln Center, 5420 LBJ Freeway,						
Check Box(es) that Apply:	☐ Promoter	■ Beneficial Owner	Executive Officer	Director	☐ General and/or Managing Partner						
Full Name (Last name first, i	f individual):	Arkansas ENT									
Business or Residence Add Suite 525, Dallas TX 75240		Street, City, State, Zip Co	de): c/o NorCap Manag	ement, L.P., Two	Lincoln Center, 5420 LBJ Freeway,						
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Last name first, i	f individual):										
Business or Residence Addi	ess (Number and	Street, City, State, Zip Coo	de):								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner						
Full Name (Last name first, i	f individual):										
Business or Residence Addr	ress (Number and	Street, City, State, Zip Cod	de):								
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner						
Full Name (Last name first, i	f individual):			-,							
Business or Residence Addr	ess (Number and	Street, City, State, Zip Coo	de):	•							
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner						
Full Name (Last name first, i	f individual):			**							
Business or Residence Addr	ess (Number and	Street, City, State, Zip Coo	de):								
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner						

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

1. 1	las the issue	er sold, or	does the is	suer inten			edited inve pendix, Co				•••••••••••	☐ Yes	⊠ No
2. \	Vhat is the n	ninimum in	vestment t	hat will be	accepted	from any i	ndividual?					\$1,	000,000*
							•	General I	Partner ma	ıy accept i	nvestment	s in a lesser	amount at its discretion
3. [oes the offe	ring permi	t joint own	ership of a	single uni	t?			•••••••			Yes	□ No
a C	nter the info ny commiss ffering. If a nd/or with a ssociated pe	ion or simi person to l state or st	lar remune be listed is ates, list th	eration for a an associ se name of	solicitation ated perso f the broke	of purcha on or agen or or dealer	sers in cor t of a broker. If more t	nnection w er or deale than five (5	ith sales o r registere b) persons	f securities d with the to be liste	s in the SEC d are		
Full N	ame (Last na	ame first, i	f individual)									
Busin	ess or Resid	ence Addr	ess (Numb	er and Str	eet, City,	State, Zip	Code)	·					
Name	of Associate	ed Broker o	or Dealer										
	in Which Pe Check "All S												☐ All States
□ [AÌ			☐ [AR]								[HI]	[ID]	<u></u>
	[NI]	[IA]	☐ [KS]	☐ [KY]	☐ [LA]	☐ [ME]	☐ [MD]	☐ [MA]	[MI]	[MN]	☐ [MS]	[MO]	
□ [M	[NE]	[NV]	□ [NH]	[NJ]	□ [NM]	□ [NY]	☐ [NC]	□ [ND]	□ [OH]	□ [OK]	□ [OR]	☐ [PA]	
☐ [RI		☐ [SD]		□ [TX]	[נדט]	□ [VT]	□ [VA]	□ [WA]	□ [WV]			□ (PR)	
Full N	ame (Last na	ame first, if	individual)									
Busin	ess or Resid	ence Addr	ess (Numb	er and Str	eet, City, S	State, Zip (Code)						
Name	of Associate	ed Broker o	or Dealer										
	in Which Pe Check "All S												☐ All States
□ [AI] [AK]	□ [AZ]	☐ [AR]	☐ [CA]	☐ [CO]		□ [DE]	□ [DC]	□ [FL]	☐ [GA]	[HI]	[ID]	
	[NI]	□ [iA]	☐ [KS]	☐ [KY]	[LA]	☐ [ME]	☐ [MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	[MO]	
☐ (M	[NE]	[VV]	□ [NH]	☐ [MJ]	[MM]	[YM]	☐ [NC]	□ [ND]				□ [PA]	
□ [RI		SD]	☐ [TN]	□ [TX]	[[UT]	[VT]	□ [VA]	□ [WA]	[WV]	[Wi]	□ [WY]	□ [PR]	
Full N	ame (Last na	ame first, if	individual))	_	-							
Busine	ss or Reside	ence Addre	ess (Numb	er and Str	eet, City, S	State, Zip (Code)						
Name	of Associate	d Broker o	or Dealer										
	in Which Pe Check "All St						nasers						☐ All States
☐ [AL] [AK]	[AZ]	[AR]	☐ [CA]			□ (DE)		□ [FL]	☐ [GA]	☐ [HI]	□ [ID]	
	□ [N]	□ [IA]	☐ [KS]	□ [KY]	□ [LA]	[ME]	[MD]	☐ [MA]	[MI]	☐ [MN]	☐ [MS]	☐ (MO)	
[M⁻] [NE]	[NV]	[NH]	□ [NJ]	☐ [NM]	□ [NY]	☐ [NC]	□ [ND]	□ [OH]	☐ [OK]	□ [OR]	☐ [PA]	
	[SC]	□ [SD]	□ [TN]	□ [TX]	[UT]	[VT]	□ [VA]	[WA]	[WV]	[WI]	[WY]	□ [PR]	

B. INFORMATION ABOUT OFFERING

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and				
	already exchanged.		Aggregate		Amount Already
	Type of Security		Offering Price		Sold
	Debt	<u>\$</u>		<u>\$</u> _	
	Equity	\$		\$_	
	☐ Common ☐ Preferred				
	Convertible Securities (including warrants)	\$		<u>\$</u>	
	Partnership Interests	\$	100,000,000	<u>\$</u>	79,815,751
	Other (Specify)	\$		\$	
	Total	\$	100,000,000	\$_	79,815,751
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
			Number Investors		Dollar Amount of Purchases
	Accredited Investors		80	\$_	79,815,751
	Non-accredited Investors		N/A	<u>\$</u>	N/A_
	Total (for filings under Rule 504 only)		N/A	\$	N/A
3.	Answer also in Appendix, Column 4, if filing under ULOE If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C—Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505		N/A	\$	N/A
	Regulation A		N/A	\$_	N/A
	Rule 504		N/A	\$_	N/A
	Total		N/A	\$_	N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🗖	<u>\$</u> _	
	Printing and Engraving Costs		🛘	<u>\$</u> _	
	Legal Fees		🛮	\$_	11,413
	Accounting Fees		🗆	<u>\$</u>	
	Engineering Fees		🗆	\$_	
	Sales Commissions (specify finders' fees separately)	•••••	🗅	\$_	
	Other Expenses (identify)		🗆	<u>\$</u>	
	Total		🛛	<u>\$</u>	11,413

	C. OFFERING PRICE, NUN	<u> </u>						
4	 Enter the difference between the aggregate offer Question 1 and total expenses furnished in response "adjusted gross proceeds to the issuer." 	<u>.</u>	\$ 99,988,587					
5	Indicate below the amount of the adjusted gross procused for each of the purposes shown. If the amount is estimate and check the box to the left of the estimate the adjusted gross proceeds to the issuer set forth in	for any purpose is not known, furnis . The total of the payments listed m	h an ust equal					
				Payments to Officers, Directors & Affiliates		Payments to Others		
	Salaries and fees			\$	□	<u>\$</u>		
	Purchase of real estate			\$	□	\$		
	Purchase, rental or leasing and installation of	machinery and equipment		\$	□	\$		
	Construction or leasing of plant buildings and	facilities		\$		\$		
	Acquisition of other businesses (including the offering that may be used in exchange for the	value of securities involved in this assets or securities of another issue	er					
	pursuant to a merger			\$	□	\$		
	Repayment of indebtedness			\$	□	\$		
	Working capital			<u>\$</u> .	🛛	<u>\$ 99,988,587</u>		
	Other (specify):			\$	□	\$		
				\$	□	\$		
	Column Totals			\$	🛛	\$99,988,587		
	Total payments Listed (column totals added)			\boxtimes	\$ 99,98	8,587		
		D. FEDERAL SIGNATU	RE					
con	s issuer has duly caused this notice to be signed by the stitutes an undertaking by the issuer to furnish to the he issuer to any non-accredited investor pursuant to p	U.S. Securities and Exchange Com	on. If this mission, u	notice is filed under pon written request o	Rule 505, the	e following signature information furnished		
SSI	uer (Print or Type)	Signature			Date			
2	vPlus Fund, L.P					August 12,200		
	ne of Signer (Print or Type)	Title of Signer (Print or Type) Authorized person of NorCap Advisors, LLC the general partner of NorCap Management,						
Nar	I Y. Baggett	Authorized person of NorCa						

	provisions of such rule?									
		See Appendix, Column 5, for state response.								
2.	The undersigned issuer hereby undertal (17 CFR 239.500) at such times as requ	kes to furnish to any state administrator of any state in ired by state law.	which this notice is filed a notice on Form D							
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.									
4.		the issuer is familiar with the conditions that must be s this notice is filed and understands that the issuer clai we been satisfied.								
	suer has read this notification and knows thized person.	e contents to be true and has duly caused this notice t	o be signed on its behalf by the undersigned duly							
	(Print or Ty us Fund, L.P.	Signature But	Date August 12,2008							
	of Signer (Print or Type) . Baggett	Title of Signer (Print of Type) Authorized person of NorCap Advisors	s, LLC the general partner of NorCap Management,							

L.P. its general partner

Is any party described in 17 CFR 230.262 presently subject to any of the disqualification

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	.			APF	PENDIX					
1	2 3 4							5		
	Intend to sell to non-accredited investors in State (Part B – Item 1)		Type of security and aggregate offering price offered in state (Part C – Item 1)		Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E – Item 1)					
State	Yes No		Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No	
AL										
AK										
AZ										
AR										
CA		х	\$100,000,000	2	\$835,000	0	\$0		х	
СО		Х	\$100,000,000	1	\$500,000	0	\$0		х	
СТ										
DE										
DC										
FL		х	\$100,000,000	3	\$4,785,659	0	\$0		х	
GA										
ні					· · · · · · · · · · · · · · · · · · ·					
ID			,							
IL										
IN									ļ	
IA										
KS		Х	\$100,000,000	16	\$8,271,454	0	\$0		Х	
KY										
LA										
ME								·		
MD		Х	\$100,000,000	1	\$500,000	0	\$0		Х	
MA										
МІ	-									
MN										
MS										
МО						-				
MT										
NE										
NV			-							
NH										
NJ			-							
NM										

				API	PENDIX				
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1	1	2	3		•	4			5
	to non-a		Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)				ification ate ULOE attach ation of granted) – Item 1)
State	Yes	No	Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
NY		х	\$100,000,000	2	\$2,438,505	0	\$0		х
NC					•				
ND									<u> </u>
Э									
ок									
OR									ļ
PA									
Al									
sc									<u> </u>
SD									
TN									ļ
TX		Х	\$100,000,000	50	\$61,010,284	0	\$0		X
UT									<u> </u>
VT									
VA		х	\$100,000,000	2	\$1,700,000	0	\$0		X
WA		Х	\$100,000,000	1	\$1,000,000	0	\$0		X
WV									<u> </u>
WI									
WY									<u> </u>
FN	:	×	\$100,000,000	1	\$1,000,000	0	\$0		x

